In re	Kenneth Leon Brown, Jr. Theresa Ann Brown	According to the information required to be entered on this statement			
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):			
Case Number:		☐ The presumption arises.			
	(If known)	The presumption drises:			
	, ,	■ The presumption does not arise.			
		☐ The presumption is temporarily inapplicable.			

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS				
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).				
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VI				
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.				
Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and comple required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion per are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your observed ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard				
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;				
	OR				
	b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.				

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	Part II. CALCULATION OF MO)N	THLY INCO	M	E FOR § 707(b)(7) E	XCLUSION		
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.									
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
	b. Married, not filing jointly, with declaration of	se	parate households.	. B	y checking this box, de	ebtor	declares under	pen	alty of perjury:
	"My spouse and I are legally separated under ap								
2	purpose of evading the requirements of § 707(b) for Lines 3-11.)(2	(A) of the Bankru	ipto	cy Code." Complete o	nly c	olumn A ("Del	otor	's Income'')
	c. Married, not filing jointly, without the declara					abo	ve. Complete b	oth	Column A
	("Debtor's Income") and Column B ("Spouse					a			
	d. Married, filing jointly. Complete both Column All figures must reflect average monthly income rece							tor	
	calendar months prior to filing the bankruptcy case, e						Column A		Column B
	the filing. If the amount of monthly income varied d						Debtor's		Spouse's
	six-month total by six, and enter the result on the app						Income		Income
3	Gross wages, salary, tips, bonuses, overtime, comm	nis	sions.			\$	2,584.22	\$	3,394.82
	Income from the operation of a business, professio	n o	or farm. Subtract	Liı	ne b from Line a and				
	enter the difference in the appropriate column(s) of L								
	business, profession or farm, enter aggregate number								
4	not enter a number less than zero. Do not include ar	ny]	part of the busine	ess	expenses entered on				
4	Line b as a deduction in Part V.		Debtor		Spouse				
	a. Gross receipts \$	t T	0.00	\$	0.00				
	b. Ordinary and necessary business expenses \$		0.00		0.00				
		<u> </u>	tract Line b from	Lin		\$	0.00	\$	0.00
	Rents and other real property income. Subtract Line b from Line a and enter the difference in								
	the appropriate column(s) of Line 5. Do not enter a 1								
	part of the operating expenses entered on Line b a	is a	deduction in Par	t V	7.				
5			Debtor	ļ.,	Spouse				
	a. Gross receipts		0.00		0.00				
	b. Ordinary and necessary operating expenses \$ c. Rent and other real property income	<u> </u>	0.00 tract Line b from		0.00	\$	0.00	•	0.00
6	Interest, dividends, and royalties.	3u0	tract Line o nom	LII	le a	\$	0.00		0.00
7	Pension and retirement income.								
	Any amounts paid by another person or entity, on		ogular basis for	the	household	\$	0.00	\$	0.00
8	expenses of the debtor or the debtor's dependents,								
0	purpose. Do not include alimony or separate maintenance payments or amounts paid by your								
	spouse if Column B is completed.					\$	0.00	\$	0.00
	Unemployment compensation. Enter the amount in								
	However, if you contend that unemployment compen benefit under the Social Security Act, do not list the								
9	or B, but instead state the amount in the space below		ount of such comp	Jen	Sation in Column A				
	Unemployment compensation claimed to								
	be a benefit under the Social Security Act Debtor \$	\$	0.00 Spe	ous	e \$ 0.00	\$	0.00	\$	0.00
			ount If necessary	lie	st additional sources	-		-	
	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your								
	spouse if Column B is completed, but include all or								
	maintenance. Do not include any benefits received u								
10	received as a victim of a war crime, crime against hur domestic terrorism.	ma	nity, or as a victim	ı oi	international or				
	domestic terrorism.		Debtor	T	Spouse				
	a. \$	\$	20001	\$	~poule				
	b. \$			\$					
Total and enter on Line 10					\$	0.00	\$	0.00	
11	Subtotal of Current Monthly Income for § 707(b)(¢	2 504 00	¢	2 204 00
	Column B is completed, add Lines 3 through 10 in C	olu	ımn B. Enter the t	tota	ıl(s).	\$	2,584.22	3	3,394.82

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12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.			5,979.04
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION			
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the numeriter the result.	mber 12 and	\$	71,748.48
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
	a. Enter debtor's state of residence: b. Enter debtor's household size:	5	\$	86,694.00
Application of Section 707(b)(7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

D. A. W. CALLOUI, A BLOW OF CUIDDENIE MONIEUR VINCOME FOR 8 505 (1) (2)							
	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16 Enter the amount from Line 12.					\$		
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.						
	a. b.		\$				
	b. c.		\$ \$				
	d.		\$				
	Total and enter on Line 17		•	<u>_</u>	\$		
18	Current monthly income for § 707(b	(2). Subtract Line 1	7 from Line 16 and enter	the result.	\$		
	Subpart A: Deduc	ctions under Stand	F DEDUCTIONS FI	Revenue Service (IRS)			
19A	Standards for 1 ood, Clothing and Other Items for the applicable household size. (This information is available at				\$		
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						
	a1. Allowance per member	rears of age	Household members 65 Allowance per men				
	b1. Number of members	b2					
	c1. Subtotal	c2			\$		
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and				\$		

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20B	Local House availa Mont the re					
	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$			
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$			
	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities					
	You a vehic	Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of le and regardless of whether you use public transportation.	f whether you pay the expenses of operating a			
22A	inclu	k the number of vehicles for which you pay the operating expenseled as a contribution to your household expenses in Line 8.	es or for which the operating expenses are			
	If you Trans Stand Censu	s				
22B	Local for a you p Stand	\$				
23	you c vehic last 1 Enter (avail	1. Check the number of vehicles for which ship/lease expense for more than two e IRS Local Standards: Transportation court); enter in Line b the total of the Average ne 42; subtract Line b from Line a and enter				
	a.	IRS Transportation Standards, Ownership Costs	\$			
		Average Monthly Payment for any debts secured by Vehicle				
	b.	1, as stated in Line 42	\$			
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.					
	a. b. c.	IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 Net ownership/lease expense for Vehicle 2	\$ \$ Subtract Line b from Line a.	\$		
	_	•				
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.			\$		
26	Other deduce Do no	\$				

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27	Other Necessary Expenses: life insurance. Enter total life insurance for yourself. Do not include premiums any other form of insurance.	\$	
28	Other Necessary Expenses: court-ordered payments, pay pursuant to the order of a court or administrative aginclude payments on past due obligations included in	\$	
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter		
30	Other Necessary Expenses: childcare. Enter the total childcare - such as baby-sitting, day care, nursery and p	average monthly amount that you actually expend on preschool. Do not include other educational payments.	\$
31	Other Necessary Expenses: health care. Enter the tot health care that is required for the health and welfare of insurance or paid by a health savings account, and that include payments for health insurance or health savi	is in excess of the amount entered in Line 19B. Do not	\$
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you		
33	Total Expenses Allowed under IRS Standards. Ente	r the total of Lines 19 through 32.	\$
	Health Insurance, Disability Insurance, and Health State the categories set out in lines a-c below that are reasonate dependents.	Savings Account Expenses. List the monthly expenses in ably necessary for yourself, your spouse, or your	
34	a. Health Insurance	\$	
	b. Disability Insurance	\$	
	c. Health Savings Account	\$	\$
	Total and enter on Line 34.		
	below:	your actual total average monthly expenditures in the space	
	\$		
35		family members. Enter the total average actual monthly le and necessary care and support of an elderly, chronically f your immediate family who is unable to pay for such	\$
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or		
	other applicable federal law. The nature of these expens		\$
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.		
38	Education expenses for dependent children less than actually incur, not to exceed \$147.92* per child, for attes school by your dependent children less than 18 years of documentation of your actual expenses, and you must necessary and not already accounted for in the IRS \$5.00.	endance at a private or public elementary or secondary f age. You must provide your case trustee with st explain why the amount claimed is reasonable and	\$

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^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to casses commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$	
40		s. Enter the amount that you will continuous organization as defined in 26 U.S.C. §		e form of cash or	\$	
41	Total Additional Expense Deduction	ons under § 707(b). Enter the total of l	Lines 34 through 40		\$	
		Subpart C: Deductions for De	ebt Payment			
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a.		\$	□yes □no		
-			Total: Add Lines		\$	
43	payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.					
	Name of Creditor a.	Property Securing the Debt	\$	ne Cure Amount		
			l.	otal: Add Lines	\$	
44		laims. Enter the total amount, divided by claims, for which you were liable at ch as those set out in Line 28.			\$	
		es. If you are eligible to file a case under by the amount in line b, and enter the re				
4.5	a. Projected average monthly C		\$			
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	c. Average monthly administra	tive expense of Chapter 13 case	Total: Multiply Lin	es a and b	\$	
46	Total Deductions for Debt Paymen	t. Enter the total of Lines 42 through 4.	5.		\$	
	Subpart D: Total Deductions from Income					
47	47 Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION					
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				\$	
49	Enter the amount from Line 47 (To	otal of all deductions allowed under §	707(b)(2))		\$	
50	Monthly disposable income under	§ 707(b)(2). Subtract Line 49 from Lin	e 48 and enter the res	ult.	\$	
51	60-month disposable income under					

	Initial presumption determination. Check the applicable box and proceed as directed.					
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for statement, and complete the verification in Part VIII. You may also complete Pa					
	\Box The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. C	complete the remainder of Part VI (Lines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt	\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the numb	per 0.25 and enter the result. \$				
	Secondary presumption determination. Check the applicable box and proceed	as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box of this statement, and complete the verification in Part VIII. ☐ The amount on Line 51 is equal to or greater than the amount on Line 54 of page 1 of this statement, and complete the verification in Part VIII. You may	• Check the box for "The presumption arises" at the top				
	Part VII. ADDITIONAL EXPENSE	E CLAIMS				
36	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
	Expense Description	Monthly Amount				
	a.	\$				
	b.	\$				
	c.	\$				
	d.	\$				
	Total: Add Lines a, b, c, and d	\$				
	Part VIII. VERIFICATIO	N				
	I declare under penalty of perjury that the information provided in this statement <i>must sign.</i>)	·				
57	Date: June 13, 2010 Signatu	Kenneth Leon Brown, Jr. (Debtor)				
	Date: June 13, 2010 Signatu	Theresa Ann Brown (Joint Debtor, if any)				

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^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 12/01/2009 to 05/31/2010.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Fed Ex Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$0.00 from check dated 11/30/2009 Ending Year-to-Date Income: \$2,328.53 from check dated 12/31/2009

This Year:

Current Year-to-Date Income: \$13,176.78 from check dated 5/31/2010 .

Income for six-month period (Current+(Ending-Starting)): \$15,505.31 .

Average Monthly Income: \$2,584.22.

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Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 12/01/2009 to 05/31/2010.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **FED EX** Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$0.00 from check dated 11/30/2009.

Ending Year-to-Date Income: \$3,945.62 from check dated 12/31/2009.

This Year:

Current Year-to-Date Income: \$16,423.27 from check dated 5/31/2010 .

Income for six-month period (Current+(Ending-Starting)): \$20,368.89 .

Average Monthly Income: **\$3,394.82**.

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